

Health Care Costs in the U.S.

National Perspective (CMS 2006)

- \$1.9 Trillion
- \$4,500 per Person
- Approximately \$3 Trillion by 2015

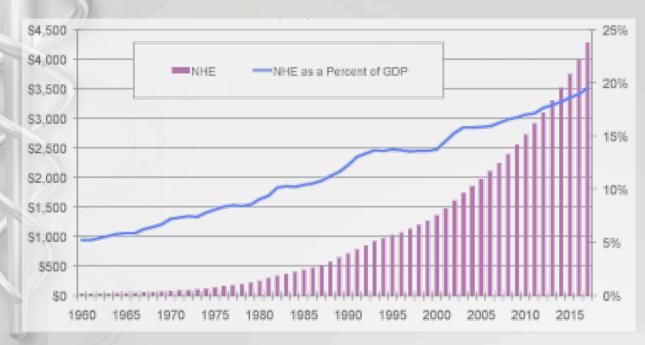
Local Perspective

 Approximately \$90 Million Total Community Benefit

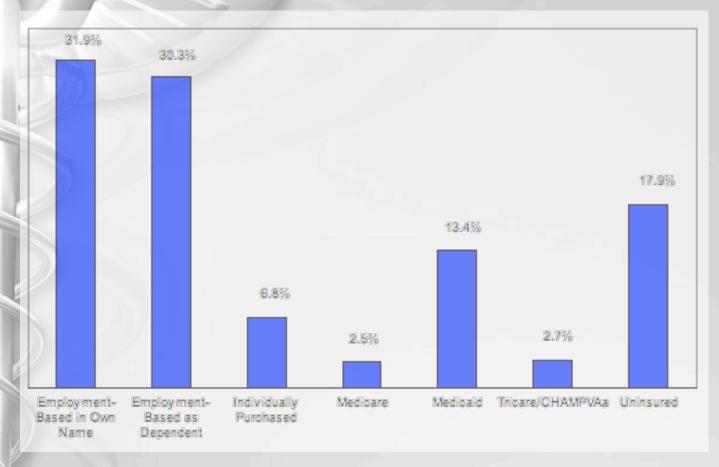
National Spending on Health Care

Health care spending in the United States has grown rapidly since the 1960s, at an average rate of 10 percent a year.

National Health Expenditures (NHE), Aggregate and Share of Gross Domestic Product (GDP), 1960-2017



Health Care Coverage in the U.S.

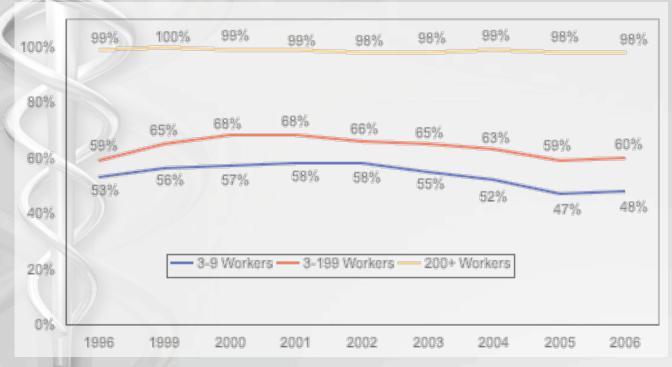


Source: Employee Benefit Research Institute estimates from the March Current Population Survey, 2007 Supplement.

Employment-Based Coverage

Almost all employers with more than 200 workers offer health benefits (99 percent in 2007). In contrast, 45 percent of firms with three to nine employees offered health insurance in 2006.

Percentage of Employers Offering Health Benefits by Firm Size, 1996-2007



Source: Kaiser/HRET Survey of Employer-Sponsored Health Benefits.

Health Care Coverage in the U.S.

National Perspective

• 47 Million Uninsured

Local Perspective: Greene County, MO

• Population 254	.,779
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•	Uninsured	37,000
		2.,000

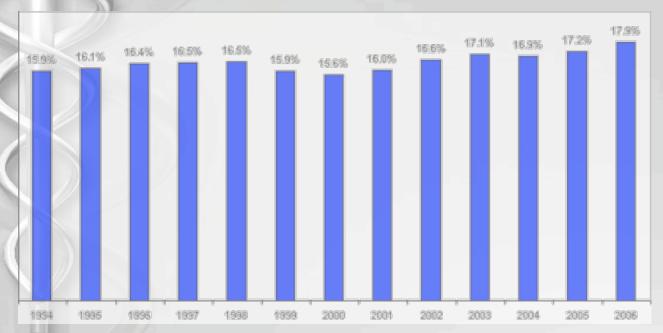
• Underinsured 74,00

• Privately Insured 145,852

Overview of the Uninsured

The problem of the uninsured is continuing to grow. The federal government estimated that 47 million individuals lacked health insurance coverage of any kind during 2006. Other research shows that tens of millions more Americans go without health coverage for shorter periods of time.

Percentage of Nonelderly Americans Without Health Insurance Coverage, 1987-2006

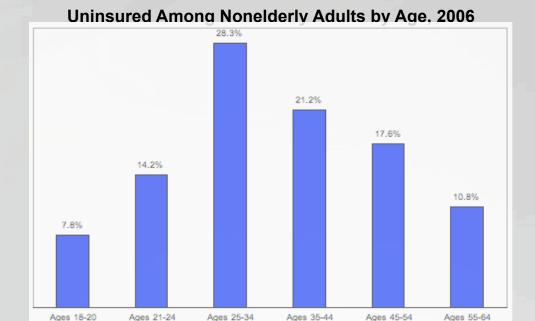


Source: Employee Benefit Research Institute estimates from the Current Population Survey, March 1988-2007 Supplements.

Note: 1987-2003 data are adjusted for Census correction announced in March 2007.

Who Are the Uninsured

- Half work for Small Businesses
- Young Adults 21-34 years of age
- A Third of the poor are uninsured
- Males
- Hispanics
- Educational attainment
- Income and poverty status (greatest for those <200% of the FPL)
- Employment



Source: Employee Benefit Research Institute estimates from the March Current Population Survey, 2007 Supplement.



- Majority of businesses are small businesses with
 <25 employees
- 59,972 young adults (24%)
- 19,334 families earning <\$34,999
- 12.2% of families with children <18 below FPL
- Hispanic population 5,852 (third highest race/ ethnicity at 3-4% of population)
- Population >25 with at least high school educational attainment is 145,116 (85%)
- 6,396 individuals unemployed (3%)
- 132,354 actively in labor force (64%)

CoxHealth 2007 ED Statistics

Age Category	Total	Insured	Medicaid	Uninsured
0-9	26,125	10,514	5,041	1,533
10-19	17,433	8,150	2,794	1,487
20-29	27,251	11,466	2,924	8,186
30-39	20,292	10,720	2,193	6,423
40-49	17,951	11,030	1,948	4,739
50-59	12,723	9,736	1,746	2,628
60-69	8,672	7,905	832	831
70-79	6,988	6,911	197	162
80-89	5,213	5,185	23	56
90-99	1,057	1,054	1	2
100-109	57	26	0	31
Grand Total	143,762	82,697	17,702	26,078

St. John's Health System 2007 ED Statistics

Age Category	Total	Insured	Medicare	Medicaid	Uninsured
0-9	8,047	2,206	0	5,292	549
10-19	7,469	3,223	9	2,999	1,238
20-29	15,632	4,783	422	3,612	6,815
30-39	10,791	3,695	905	2,457	3,734
40-49	10,965	4,084	1,771	2,285	2,825
50-59	8,484	4,034	2,045	1,309	1,095
60-69	6,779	1,938	4,169	469	203
70-79	6,535	179	6,306	42	8
80-89	5,385	79	5,294	7	5
90-99	1,305	9	1,295	0	1
100-109	33	1	32	0	0
Grand Total	81,424	24,231	22,248	18,472	16,473

Jordan Valley Community Health Center 2007 Statistics

Medical Visits		Dental Visits	
Total	27,776	Total	24,429
Medicaid	12,510	Medicaid	19,543
Sliding Scale	6,503	Sliding Scale	3,176
First-Time	4,891	Children	19,055
Children	7,529	Urgent	900
LINK	1,594	LINK	0

Ozarks Community Hospital 2007 ED Statistics

Age Category	Medicaid	Uninsured
0-9	2,308	352
10-19	1,453	565
20-29	1,183	1,680
30-39	870	1,233
40-49	657	1,013
50-59	344	565
60-69	107	227
70-79	1	83
80-89	3	33
90-99	0	15
100-109	0	2
Grand Total	6,926	5,768

The Kitchen Clinic, Inc. 2007 Statistics

Age Category	Total
0-9	10
10-19	47
20-29	524
30-39	543
40-49	645
50-59	484
60-69	123
70-79	3
80-89	1
90-99	1
100-109	0
Grand Total	2,381
Total Visits	5,901

Capacity Statistics

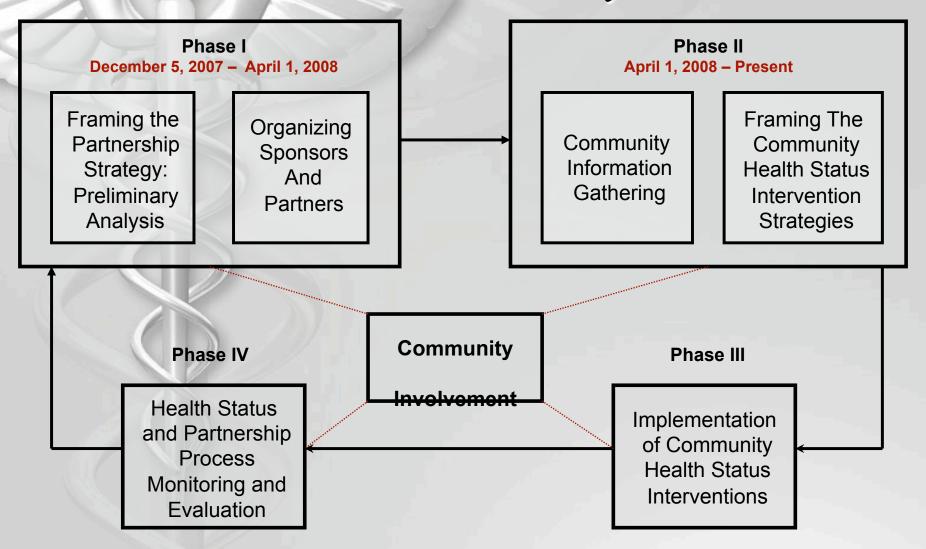
PCP/10,000 pop.

MO	PAUDIT 935	8.8
US	PANUALT USS	9.5
KC	FAIUATE GSS	8.0
SL	PAULATI USS PAULATI USS	11.6
NW	PRIMATE USE	6.0
NE	FAMUATE USS	6.0
Cent.	PANUATE USE	8.7
SW	PAULATE GSS	6.5
SE	PANDATE USS	5.9

Specialties/10,000 pop.

MO	PAUDITE SEE	13.5
US	PANUATU SSE	13.6
KC	PANUATE USE F PANUATE USE F PANUATE USE	12.0
SW	PANUATO USSE F PANUATO USSE	20.0
NW	FAMBLE SSE	5.5
NE	PANNATE SSE	5.2
Cent.	PANUATY SSE	14.1
SW	PANNATE SSE	8.8
SE	PANUATE SSE	6.2

The Partnership Approach For Improving Community Health Status



Community Health Partnership

- Burrell Behavioral Health
- CoxHealth System
- Cox Residency Program
- Department of Family and Social Services
- Jordan Valley Community Health Center
- Ozarks Community Hospital
- Springfield-Greene County Health Department
- St. John's Health System
- The Kitchen Clinic, Inc.

Present Task Groups

Community Health Improvement

The community health improvement task group will examine, identify, and recommend best community health practices for improving access to health services for the underserved populations in Springfield-Greene County.

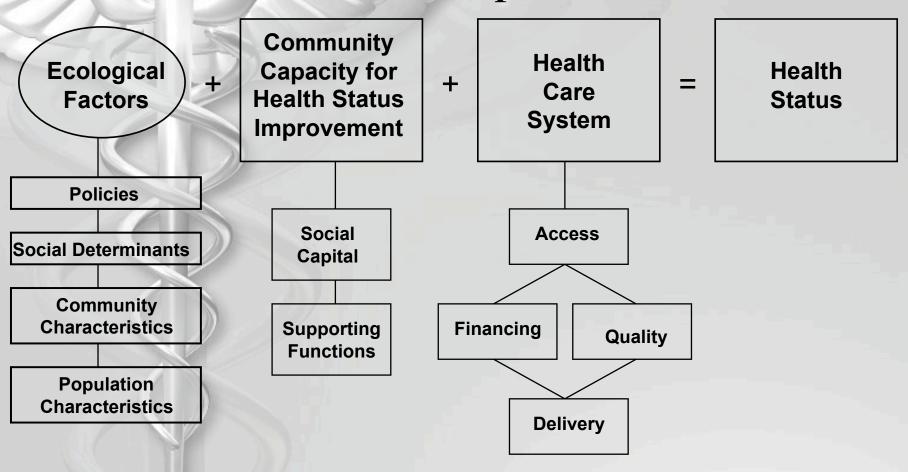
Community Health Information

The population health information task group is to gather, analyze, and report community-based qualitative and quantitative health status information to support the collaborative vision.

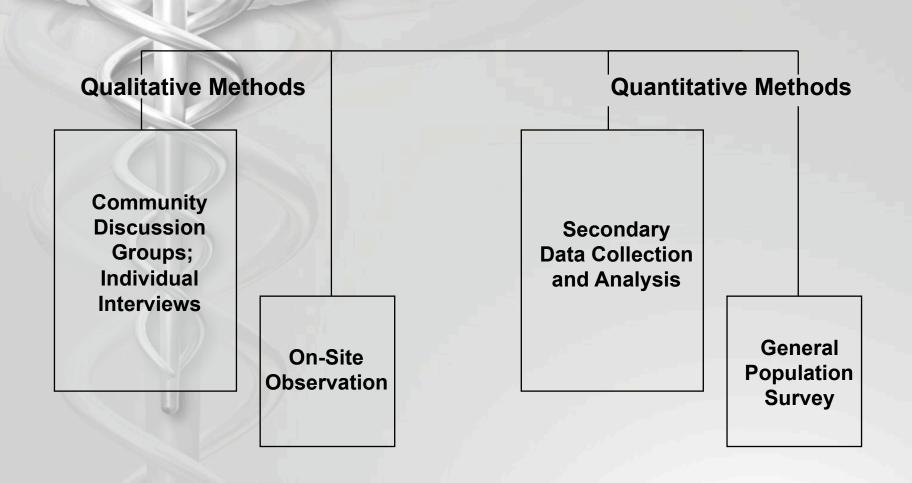
Community Health Partnership Vision

To create a Model to improve health care for the underserved in Springfield-Greene County, Missouri.

Population/Community Health Status Improvement Model



Methodology For Understanding Community Health: Social Reconnaissance

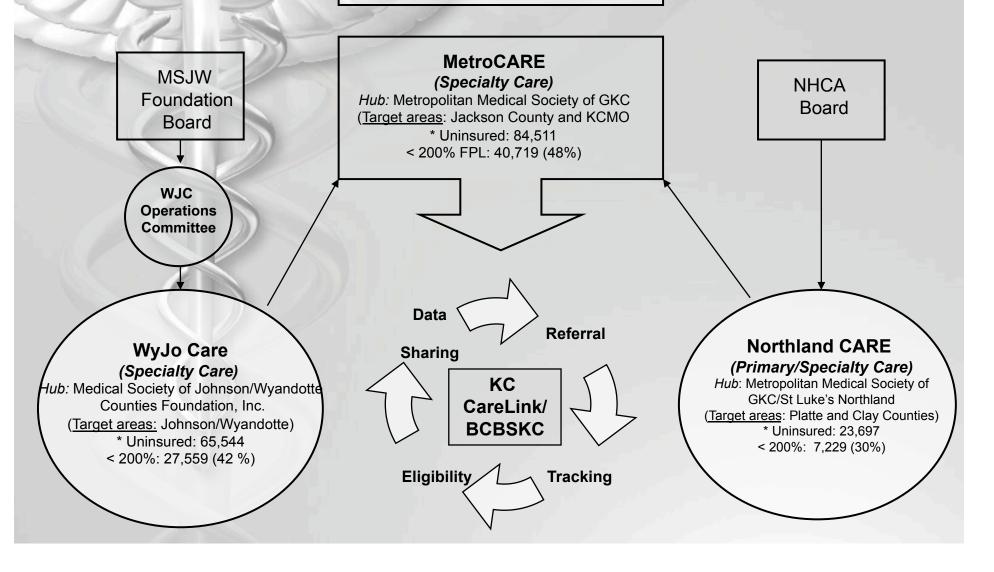


Key Themes

- Improve Service Delivery
- Improve Appropriate Access
- Improve Coverage and Reimbursement
- Coordinate Services for Un/underinsured
- Involve the Community
- Implement Health Home Strategies
- Build a Strategy that Engages a Broader Population
- Behavioral, Mental, Oral, Pharmacy, Primary Care, Specialty Care
- Equity for all Providers

Kansas City Metropolitan Area MetroCARE\NorthlandCARE

MetroCARE Board



Present Focus

- Improving integration and care coordination in safety net
- Improving financing
- Reducing financial barriers to services
- Improving availability of services
- Reducing barriers to accessing services
- Improving measurement and reporting
- Improving access to oral health and mental health services
- Improving pharmacy services

Present Objectives

- Identify strategies for care coordination
- Develop eligibility guidelines
- Develop a health home approach
- Assure ancillary services
- Streamline administrative processes
- Facilitate communication and relationships
- Develop a partnership that can be sustained and managed

Summary

- CHD will involve community while increasing local capacity, control, and competency through utilization and building of social capital
- Model will support production of health at the community level
- Model will assure adequate connection to services
- Model will improve information sharing
- Model will assist policy advocacy

